

COMBINED DECLARATION AND POWER OF ATTORNEY

(Original, Design, National Stage of PCT, Supplemental)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- ☐ original
- ☐ design
- ☐ supplemental
- ☒ National Stage of PCT
- ☐ divisional (see added page)
- ☐ continuation (see added page)
- ☐ continuation-in-part (see added page)

INVENTORSHIP IDENTIFICATION

My/our residence, post office address and citizenship is/are as stated below next to my/our name. I/We believe that the named inventor or inventors listed below is/are the original and first inventor or inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

A die-casting brass alloy which is resistant to dezincification

SPECIFICATION IDENTIFICATION

The specification of which: (complete (a), (b) or (c))

- (a) ☐ is attached hereto.
- (b) ☐ was filed on _____ as
☐ Serial No. _____ or
☐ Express Mail No. _____ as Serial No. (not yet known) and was amended on _____ (if applicable).
- (c) ☒ was described and claimed in PCT International Application No. PCT/SE00/01589 filed on August 18, 2000 and as amended under PCT Article 19 on _____ (if any).

POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name(s) and registration number(s))

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Anthony G. M. Davis
Michael J. Bujold
Scott A. Daniels

Registration No. 27,868
Registration No. 32,018
Registration No. 42,462

☐ Attached as part of this Declaration and Power of Attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

Send Correspondence to:

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+46 36 145126

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I/We hereby state that I/we have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I/We acknowledge the duty to disclose to the United States Patent Office all information which is known to be material to patentability of this application as defined in § 1.56 of Title 37 of the Code of Federal Regulations.

PRIORITY CLAIM

I/We hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me/us on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

**EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

COUNTRY	APPLICATION NO.	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
Sweden	9903003-3	26/08/1999	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

☐ I/We hereby claim the benefit, under 35 U.S.C. 119(e), of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

DECLARATION

I/We hereby declare that all statements made herein of my/our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first joint inventor: Carl-Åke Däcker

Inventor's signature: Carl-Åke Däcker Date: 2002-02-08

Residence: Gröna Vägen 52A, S-541 54 Skövde, Sweden

Post Office Address: Same as above Country of Citizenship: Swedish

2-10-02
9/12/03

Full name of second joint inventor: Ulla Langelotz
Inventor's signature: Ulla Langelotz Date: 2002-02-08
Residence: Backvägen 6, S-513 30 Fristad, Sweden
Post Office Address: Same as above Country of Citizenship: SE

Full name of third joint inventor: _____
Inventor's signature: _____ Date: _____
Residence: _____
Post Office Address: Same as above Country of Citizenship: _____

Full name of fourth joint inventor: _____
Inventor's signature: _____ Date: _____
Residence: _____
Post Office Address: Same as above Country of Citizenship: _____

Full name of fifth joint inventor: _____
Inventor's signature: _____ Date: _____
Residence: _____
Post Office Address: Same as above Country of Citizenship: _____

Full name of sixth joint inventor: _____
Inventor's signature: _____ Date: _____
Residence: _____
Post Office Address: Same as above Country of Citizenship: _____

Full name of seventh joint inventor: _____
Inventor's signature: _____ Date: _____
Residence: _____
Post Office Address: Same as above Country of Citizenship: _____

Full name of eighth joint inventor: _____
Inventor's signature: _____ Date: _____
Residence: _____
Post Office Address: Same as above Country of Citizenship: _____

Full name of ninth joint inventor: _____
Inventor's signature: _____ Date: _____
Residence: _____
Post Office Address: Same as above Country of Citizenship: _____

Full name of tenth joint inventor: _____
Inventor's signature: _____ Date: _____
Residence: _____
Post Office Address: Same as above Country of Citizenship: _____

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